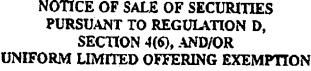
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



OMB APPROVAL								
OMB Number:	3235-0078							
Expires: Februa	ary 29, 1996							
Estimated average	burden							
yonis bar iesbour	sa 15.00							

SEC US	SE ONLY
Prefor	Serial
DATE R	ECEIVED

Name of Offering (check if the	his is an amendment and name has changed, and indicate	e change.) 1225-648	
Filing Under (Check box(es) that	apply): 4 Rule 504 Rule 505 Rule 505	Section 4(6) *D ULOE	
Type of Filing: AD New Filing	☐ Amendment		
	A. BASIC IDENTIFICATION DAT	<u>ra</u>	
1. Enter the information reque	ested about the issuer		
Name of Issuer (check if this SIGNATURE ACCENTS,	s is an amendment and name has changed, and indicate LLC	change.)	
Address of Executive Offices 3030 Bridgeway, Sa	(Number and Street, City, State, Zip Code) usalito, CA 94965	Telephone Number (Including Area Code) 415-332-5030	
Address of Principal Business Oper (if different from Executive Offices		Telephone Number (Including Area Code) Same as above.	
Brief Description of Business		The state of the s	
Sales of women's c	lothing accessories.	(MAR 2 8 2003)	<u>.</u>
Type of Business Organization Corporation	C limited partnership, already formed	Wother (please specify): 187	
D business trust	D limited partnership, to be formed L:	imited Liability Company	SSFI
Actual or Estimated Date of Incor	•	¥D Actual ☐ Estimated	2003
Jurisdiction of Incorporation or Or	rganization: (Enter two-letter U.S. Postal Service abbrev CN for Canada: FN for other foreign juri		ON

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that oddress after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part É and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filling fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such

exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATIONDATA

- 2. Enter the information requested for the following;
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Boxles) that Apply:	E Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Parmer
Full Name (Las name firs.) Newman, Caral	f individual)				
Business or Residence Address 3030 Bridgeway	s (Number and : 7, Sausal	Street City, State. Zip Co ito, CA 9496	ode) 5		
Check Box(es) that Apply:	Promoter	Beneficial Owner.	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Maria Simone	f individual)	(Sim	ONE MAR	i(A)	
Business or Residence Addre 3030 Bridgeway		Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first. i	f individual)				
Business or Residence Addre	ss (Number and :	Street, City, State, Zip Co	de)		
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director:	General and/or Managing Partner
Full Name (Last name first; i	findividual)				
Business or Residence Addre	ss: (Number and)	Street, City, State, Zip, Co	(de)		
Check Box(es) that Apply.	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Pattner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	SS (Number and)	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode):		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first.	f individual)				
Business or Residence Addre	s (Number and	Street, City, State, Zip Co	ode)		

				<u> </u>	INFORM	AUTON ABO	UT OFFE	RING	- ,				
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1. FAS U	he issuer sol	u, or upes u						-	• • • • • • • • • • • • • • • • • • • •		, .	€.	
							filing under					1.0	
2. What	is the minin	num investr	ient that wi	l be accepte	d from any i	individual?	• • • • • • • • • • • • • • • • • • • •			· · • · · · · · · · · · · · · · · · · ·	•••••	S	000
3. Does	the offering	permit joint	qirkmanwo:	of a single u	nit?	<i>.</i>							№
4. Enter	the informa	tion reques	ed for each	person who	has been or	will he now	loroisen d	imah ar in	limete ane		ممائيت		_
ot age	neration for s ent of a broke rsons to be l	er or dealer	purchasers : registered wi	ith the SEC	a with sales of and/or with	of securities is a state or sa	n the offering	g. If a person	to be listed i	is an associat	ed person		
	Last name				,						7,77		
Business or	Residence d	Address (Nu	mber and Si	treet, City, S	tace, Zip Co	xde)					·· <u>-</u>		
Name of As	sociated Bro	oker or Dea	ler				· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·			 ,
States in Wh	ich Person	Listed Has .	Solicited or	lmends 10 S	olicit Purcha	12612						_	
(Check "A	All Scates" or	check indir	ridual States)	· • • • • • • • • • • • • • • • • • • •					· · · · · · · · · ·		☐ AI	l States
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(TL)	[M]	[IA]	[KS]	[KY]	(LA)	[ME]	[MD]	[MA]	[MI]	[MM]	[MS]	OM)	.)
[MT]	[NE]	[NV]	[NH]	[101]	(NM)	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	-
[RI]	[SC]	[SD]	[14]	{TX}	(עד)	(VT)	[VA]	[WA]	[WV]	(WI)	(WY)	(PR	<u>} </u>
Full Name (Lag name 1	rings, if indivi	dual)										
	- · ·				. 7: 6		·						
DITZKICZE OL)	Residence A	omess (Mm	mber and Se	reen. Cay, S	IALE, ZED CO	(9D)							
Name of As	sociated Bro	ker or Dea	ler				:						
States in Wh	ich Person	Listed Has !	Solicited or	Intends to S	olicir Pumba								
	VI States" of										••••	☐ Ai	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[100	
(AL)	(IN)	[IA]	(KS)	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	(MS)	[MO	•
[MT]	[NE]	(NV)	(NH)	[NJ]	(MM)	[NY]	(NC)	[ND]	[OH]	[OK]	(OR)	[PA	•
[RI]	[SC]	[SD]	[TN]	[XT]	[עד]	(VT)	[YA]	[WA]	[WV]	[W]	(WY)	(PR)
Full Namo (Last name	first, if indivi	dual)									-	
Business or	Residence A	Address (Nu	mber and St	reet, Ciry, S	tate, Zip Co	xde)							
Name of As	sociated Bri	oker or Dea	ær		· · · · · · · · · · · · · · · · · · ·		*************************************						
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	hich Person All States" o					asers						□ AI	1 States
[AL]	(AK)	(AZ)	(AR)	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[10	
[IL]	[IN]	[IA]	[KS]	[KY]	(LA)	[ME]	[MD]	[MA]	[MI]	[MIN]	[MS]	[MO	
[MT]	[NE]	[NV]	(NH)	[[[[[[[[[[[[[[[[[[[[[[NM]	(YY)	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	
1771	rsc i	(SD)	ואדו	ITX I	IIII	(VT)	[VA]	(WA)	(WV)	(WI)	IWY1	1 PR	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF I	ROCEEDS	
 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter of if answer is 'none' or 'zero.' If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. 	er e	
Type of Security	Aggregate Offering Price	Amount Aiready Sold
Debt		
Equity		
□ Common □ Preferred	~	·
Convenible Securities (including warrants)	S	\$
Partnership Interests		
Other (Specify LLC interests	\$ 350,000	
Total	350,000	25,000
Answer also in Appendix, Column 3, if filing under ULOE.		<u> </u>
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter 'U' if answer is "none" or "zero."	1	
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors		S
Non-accredited Investors		S
Total (for filings under Rule 504 only)		5
Answer also in Appendix, Column 4, if filing under ULOE,		
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		2
Regulation A		S
Rule 504		\$
Total		s
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	1	
Transfer Agent's Fees		s
Printing and Engraving Costs		s
Legal Fees	_	s 15,000
Accounting Fees		s
Engineering Fees		s
Sales Commissions (specify finders' fees separately)		s
Other Expenses (identify) filing fees	_	s
Total	_	s 15,000

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 4.2. This difference is the "adjusted proceeds to the issuer."		s_335,000
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be use each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proto the issuer set forth in response to Part C - Question 4b above.		
		Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees	XIS 102,000	21,600
	Purchase of real estate	□s	
	Purchase, rental or leasing and installation of machinery and equipment	□s	⊠\$ 7,500
	Construction or leasing of plant buildings and facilities		□ \$
-	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	©s	□s
	Repayment of indebtedness		□\$
	Working capital		X73 86.400
	Other (specify):		
	Protect creation		x 7,500
		Ds .	X15 25,000
	Column Totals	× 102,000	¥3,233,000
	Total Payments Listed (column totals added)		35,000
	D. FEDERAE SIGNATURE		
The follow	issuer has duly caused this notice to be signed by the undersigned duly authorized person. wing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchanthe information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2)	If this notice is filled	under Rule 505, the
5	ex (Print or Type) OIGNATURE ACCENTS, UC Melled The	Date 3/2	ulas Wd
Nan	Title of Signer (Print or Type) ARIA SINONE MANAGEN		

- ATTENTION --

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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_	- 1	•	Ξ

SIGNATURE ACCENTS, LLC

Name of Signer (Print or Type)

Maria Simone

		E.	STATE SIG	NATURE			
1.	Is any party described in 17 CFR 230: of such rule?	252(c), (d), (e) or (ubject to any of th		Y¤ O	No.
		See Appen	dix Column	5, for state respon	se.		
2	The undersigned issuer hereby unders (17 CFR 239500) at such times as re-	takes to furnish to quired by state law	amy stane adir v.	ninistrator of any	state in which this notice is filed, a notic	e on F	oma D
3.	The undersigned issuer hereby under offerees.	takes to furnish to	the state adm	ministrators, upon	written request, information furnished b	y the is	SUET TO
4.	The undersigned issuer represents that Offering Evernption (ULOE) of the exemption has the burden of establish	state in which t	his notice is	filed and unders	ust be satisfied to be entitled to the Ur rands than the issuer claiming the ava		
The unde	issuer has read this notification and ersigned duly authorized person.	knows the conten	un ed ca en	and has duly o	aused this notice to be signed on its	behalf	by the
Issu	cr (Print or Type)	Sig	nappre	- \/	Date	ĺ	12

Manager

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

		1									
	to non investo	nd to sell accredited ors in State B-ltern 1)	Type of security and aggregate offered in state (Part C-ftem I)		Type of investor and : amount purchased in State (Part C-Item 2)				s alifertion that ULO at article of granted) E-ftem 1)		
State	Yes	No	Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	· Yes	No		
AL.											
AK	1							1			
AZ	Yes						:				
AR											
CA	Yes		25,000	4	25,000	Ø			1		
со	1		••								
CT											
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